

Exhibit 79:

Corey Spickler Deposition Transcript



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Transcript of the Testimony of
COREY SPICKLER

Date: January 26, 2023

Volume:

Case: John Does, Mary Doe, & Mary Roe v. Whitmer & Gasper

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COREY SPICKLER
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<p>UNITED STATES DISTRICT COURT EASTERN DISTRICT OF MICHIGAN SOUTHER DIVISION</p> <p>JOHN DOES A, B, C, D, E, F, G, H, MARY DOE and MARY ROE, on behalf of themselves and all other similarly situated,</p> <p>Plaintiffs, vs. File No. 2:22-cv-10209 Hon. Mark A. Goldsmith Mag. Curtis Ivy, Jr.</p> <p>GRETCHEN WHITMER, Governor of the State of Michigan, and COL. JOSEPH GASPER, Director of the Michigan State Police, in their official capacities,</p> <p>Defendants.</p> <p>The Remote Deposition of JAMES KISSINGER Fruitport, Michigan Commencing at 1:12 p.m. Thursday, January 26, 2023 Before Gina Deskiewicz, CSR-9689, RPR.</p> <p>Page 1</p>	<p>1 APPEARANCES 2 3 AMERICAN CIVIL LIBERTIES UNION FUND OF MICHIGAN MIRIAM J. AUKERMAN (P63165) 4 1514 Wealthy SE, Suite 260 Grand Rapids, Michigan 49506 5 (616) 301-0930 maukerman@aclumich.org 6 Appearing via Zoom. 7 8 AMERICAN CIVIL LIBERTIES UNION FUND OF MICHIGAN UNIV. OF MICHIGAN LAW SCHOOL 9 PAUL D. REINGOLD (P27594) 802 Legal Research Building 10 801 Monroe Street Ann Arbor, Michigan 48109 11 (734) 355-0319 pdr@umich.edu 12 Appearing via Zoom. 13 14 MICHIGAN DEPARTMENT OF ATTORNEY GENERAL KRISTIN M. HEYSE (P64353) 15 SARAH E. TRUDGEON (P82155) 525 W. Ottawa Street, PO box 30217 16 Lansing, Michigan 48933 (517) 335-3055 17 heysek@michigan.gov Appearing via Zoom. 18 19 MICHIGAN DEPARTMENT OF ATTORNEY GENERAL 20 SCOTT L. DAMICH (P74126) PO Box 30754 21 Lansing, Michigan 48909 (517) 335-7573 22 damichs@michigan.gov Appearing via Zoom. 23 24 25</p> <p>Page 2</p>
<p>1 MICHIGAN DEPARTMENT OF ATTORNEY GENERAL KEITH G. CLARK (P56050) 2 PO Box 30217 Lansing, Michigan 48909 3 (517) 335-3055 ClarkK33@michigan.gov 4 Appearing via Zoom. 5 6 ACLU OF MICHIGAN DAYJA S. TILLMAN (P86526) 7 1514 Wealthy Street SE, Suite 260 Grand Rapids, Michigan 49506 8 (616) 301-0930 dstillman@ucdavis.edu 9 Appearing via Zoom. 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p> <p>Page 3</p>	<p>1 INDEX 2 3 WITNESS: 4 COREY SPICKLER 5 EXAMINATIONS PAGE 6 EXAMINATION BY MR. REINGOLD 5 7 EXAMINATION BY MR. DAMICH 43 8 9 10 EXHIBITS 11 EXHIBIT NO. PAGE 12 (None offered.) 13 14 15 16 17 18 19 20 21 22 23 24 25</p> <p>Page 4</p>

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<p>1 Fruitport, Michigan 2 January 26, 2023 3 ***** 4 THE REPORTER: We are going on the 5 record. It is 1:12 p.m. My name is 6 Gina Deskiewicz. I am a Notary Public for the 7 county of Macomb. I am a certified shorthand 8 reporter for the state of Michigan. 9 This deposition is being held via 10 videoconferencing equipment. The witness and the 11 reporter are not in the same room. The witness 12 will be sworn in remotely, pursuant to agreement of 13 all parties. The parties stipulate that the 14 testimony is being given as if the witness was 15 sworn in person. 16 ***** 17 COREY SPICKLER, 18 was thereupon called as a witness herein, and after 19 having first been duly sworn to testify to the truth, 20 the whole truth and nothing but the truth, was examined 21 and testified as follows: 22 EXAMINATION 23 BY MR. REINGOLD: 24 Q. This will be repetitive because you all have sat 25 through one dep, but because each dep is separate I</p> <p style="text-align: center;">Page 5</p>	<p>1 need to go through the same steps. My name is 2 Paul Reingold, I'm one of the Plaintiff's lawyers, 3 and we're here under Federal Rule 30(b)(6) pursuant 4 to subpoena and a deposition notice adjourned from 5 one week ago. 6 You can -- I didn't hear if you already 7 stated your name for the record or not. If you 8 did, you don't need to do it again. If you didn't, 9 go ahead. 10 A. Corey Spickler. 11 Q. Okay. And for purposes of the deposition, would 12 you prefer to be called Corey or Mr. Spickler? I'm 13 happy either way. 14 A. Corey is fine. 15 Q. Okay. As I said before, you've been designated 16 as -- by MDOC Counsel as a person of authoritative 17 of the matters we're going to cover, and what we'll 18 be doing today -- much more briefly than in the 19 previous dep -- is to try to learn a little bit 20 about what you know, and bring it -- to help us get 21 up to speed. 22 I will be asking a series of questions 23 that you can answer. If you don't understand, you 24 should tell me to rephrase them. If you answer a 25 question, we'll assume that you understood it. Is</p> <p style="text-align: center;">Page 6</p>
<p>1 that okay? 2 A. Yes. 3 Q. You need to say "yes." 4 A. Yes. 5 Q. Okay. And again, you must answer verbally, 6 otherwise we won't have a record, and the same with 7 trying to not to talk over each other. And again, 8 can you take a break when you need it, although I'm 9 hoping this will be short enough that we won't need 10 breaks. 11 Let me ask you to start by asking, did 12 you review anything to prepare for this deposition, 13 and if so, what? 14 A. So yes, I met with Kristin on two different 15 occasions in preparation for the deposition, as 16 well as reviewed the Static-99R coding manual and 17 evaluator's workbook, and the Stable-2007 coding 18 manual and workbook, as well as the community-based 19 contract for one of my vendors which includes 20 outpatient treatment as well as residential 21 treatment. 22 Q. All right. Did you meet with any other lawyers 23 like from the Michigan State Police, or just 24 Kristin? 25 A. No one else.</p> <p style="text-align: center;">Page 7</p>	<p>1 Q. Okay. And did you review any legal materials? 2 A. No. 3 Q. Okay. Did you have any involvement in responding 4 to the discovery requests or the subpoena requests 5 that we made? 6 A. No. 7 Q. That gets us to your biography. 8 Can you please give us your education 9 with dates, places if it matters, major, and any 10 advanced degrees, basically high school through 11 now? 12 A. Sure. So I graduated from Grand Blanc High School 13 in Grand Blanc, Michigan in 2006. I graduated with 14 a Bachelor's degree in Psychology from 15 Taylor University in 2011, and I graduated from 16 Eastern Michigan University with a Master's degree 17 in Clinical Behavioral Psychology in 2013. 18 Q. All right. And again, any major breaks where you 19 did something that we should know about, or served 20 in the armed forces? 21 A. No, I kind of went from one schooling to the next. 22 Q. You were a straight-througher. Okay. 23 Would you tell us your work history 24 before your arrival at the MDOC; again, rough 25 dates, position -- that sort of thing -- and</p> <p style="text-align: center;">Page 8</p>

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<p>1 employers.</p> <p>2 A. Sure. I guess my first relevant job to kind of</p> <p>3 this field would be in graduate school I worked for</p> <p>4 a neuropsychologist doing assessment while in</p> <p>5 graduate school. Following graduation, I took a</p> <p>6 job with Pine Rest Christian Mental Health Services</p> <p>7 in Grand Rapids, Michigan, working with their CPRS</p> <p>8 program, so essentially working with business</p> <p>9 franchise youths. I began that job in the spring</p> <p>10 of 2013 and worked there until the fall of 2013 at</p> <p>11 which time I was employed with the</p> <p>12 Michigan Department of Corrections, Michigan Sex</p> <p>13 Offender program.</p> <p>14 I worked as a psychologist at</p> <p>15 Muskegon Temporary Correctional Facility from fall</p> <p>16 of 2013 until November of 2017 as a psychologist,</p> <p>17 at which time I took my current position which is</p> <p>18 the program manager for community-based treatment</p> <p>19 for sexual abuse prevention services, and I've been</p> <p>20 in that role since.</p> <p>21 Q. And where are you based?</p> <p>22 A. Lansing, Michigan, is my office location.</p> <p>23 Q. And can you describe for us sort of the specifics</p> <p>24 of your current job responsibilities that you've</p> <p>25 been doing for the past several years?</p> <p style="text-align: center;">Page 9</p>	<p>1 A. Yep, you're speaking to my current role. Correct?</p> <p>2 Q. Yes.</p> <p>3 A. Okay. So as part of my current role, my job is to</p> <p>4 oversee variety, presently six different contracts,</p> <p>5 across the State of Michigan with contracted</p> <p>6 vendors to provide sex offender treatment for those</p> <p>7 individuals that are on parolee and probation with</p> <p>8 a history of engaging in sexual abusive behaviors.</p> <p>9 So I do a lot of quality assurance and training of</p> <p>10 those staff, as well as training of probation</p> <p>11 agents.</p> <p>12 Q. Okay. And let me ask again the same questions I</p> <p>13 asked before about the chain of command of your</p> <p>14 unit and in the structure of your unit. So let's</p> <p>15 start with the second.</p> <p>16 Where in the department does your unit</p> <p>17 fit?</p> <p>18 A. I'm a direct report to James Kissinger, who is the</p> <p>19 state administrative manager for sexual abuse</p> <p>20 prevention services. He reports to mental health</p> <p>21 director, David Dawdy, who is the direct report to</p> <p>22 our health care services administrator,</p> <p>23 Marti K. Sherry.</p> <p>24 Q. And does your unit oversee probation and parolee in</p> <p>25 any way after people leave prison?</p> <p style="text-align: center;">Page 10</p>
<p>1 A. So my unit is specifically targeted towards sexual</p> <p>2 abuse prevention treatment, and so I work alongside</p> <p>3 field office administration staff, so parolee and</p> <p>4 probation agents.</p> <p>5 But my role is specifically related to</p> <p>6 the treatment and consultation regarding risk for</p> <p>7 individuals treatment, and risks for individuals</p> <p>8 who are currently on parolee and probation in the</p> <p>9 State of Michigan.</p> <p>10 Q. All right. You said that you have a number of</p> <p>11 contracts, or you oversee a number of contracts.</p> <p>12 Is this with vendors or providers that</p> <p>13 might have lots of people working for them, or are</p> <p>14 these individual contracts with, you know,</p> <p>15 psychologists or social workers who are doing work?</p> <p>16 A. So presently we have six contracts with six</p> <p>17 different agencies across the State of Michigan.</p> <p>18 There are presently 54 clinical staff, so 54</p> <p>19 therapists that provide sex offender assessment and</p> <p>20 treatment services across the state that directly</p> <p>21 work for those contracts that I supervise.</p> <p>22 Q. And is this in addition to the contract positions</p> <p>23 that James Kissinger was describing, or are these</p> <p>24 included -- Is this what he was prescribing?</p> <p>25 A. This is separate from the services that are</p> <p style="text-align: center;">Page 11</p>	<p>1 provided within the facilities. Some of those</p> <p>2 vendors may provide some staff, but those will be</p> <p>3 different staff than those that I supervise as part</p> <p>4 of this contract work.</p> <p>5 Q. All right. So yours is totally looking at the</p> <p>6 outside, and what he was talking about would have</p> <p>7 been people coming in?</p> <p>8 A. Correct. Correct. The realm of my work is</p> <p>9 specifically tailored to individuals on parole and</p> <p>10 probation.</p> <p>11 Q. All right. I should tell you that I -- I was</p> <p>12 somewhat misled by the policy directors or</p> <p>13 operating procedures to believe that a fair number</p> <p>14 of Static-99's were done at probation and parole,</p> <p>15 and so I had prepared a lot of questions for you</p> <p>16 about how that process worked.</p> <p>17 And I'm now learning is it doesn't,</p> <p>18 right, because that's not where most of the</p> <p>19 Static-99's are done; they're done at arrival, and</p> <p>20 we got a pretty detailed view of what that looks</p> <p>21 like. But that shortened your deposition a lot.</p> <p>22 What I wanted to do, therefore, is go straight --</p> <p>23 A. Can I give a clarification on that?</p> <p>24 Q. Sure.</p> <p>25 A. The individuals who do not come into prison and are</p> <p style="text-align: center;">Page 12</p>

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<p>1 on probation, Static-99's are completed in the</p> <p>2 community.</p> <p>3 Q. Oh, okay.</p> <p>4 A. It would not be at the time of the PSI, but it</p> <p>5 would be at the time of treatment essentially. So</p> <p>6 there are Statics completed in the community.</p> <p>7 Q. All right. And what you're saying is if somebody</p> <p>8 gets probation, the Static-99 will be done</p> <p>9 how -- how quickly after the sentence typically?</p> <p>10 A. I don't know if I can speak to how quickly after</p> <p>11 the sentence. I can only speak to the point in</p> <p>12 time at which they're referred to treatment.</p> <p>13 Q. All right. And what would be the triggering event</p> <p>14 from referral to treatment?</p> <p>15 A. Typically that is a special condition placed on</p> <p>16 their order requiring treatment under community</p> <p>17 supervision.</p> <p>18 Q. And I want to make sure we're talking about the</p> <p>19 same thing. I'm talking now about people who never</p> <p>20 get to prison, but are released on probation. And</p> <p>21 it sounds like if there's going to be a referral</p> <p>22 for some kind of treatment, that has to come out of</p> <p>23 a process, I assume, post-conviction -- or</p> <p>24 post-conviction but possibly presentence; is that</p> <p>25 right?</p> <p style="text-align: center;">Page 13</p>	<p>1 A. I'm not exactly sure on the timeline of when those</p> <p>2 decisions are made as far as differentiating</p> <p>3 between pre-sentence and post-conviction.</p> <p>4 Q. All right. And who makes the decision that</p> <p>5 treatment is going to be required?</p> <p>6 A. Are you speaking specifically for parolees,</p> <p>7 probationers --</p> <p>8 Q. Yeah, I'm still talking just about probation,</p> <p>9 people who never got to prison.</p> <p>10 A. I believe that would be a question that need to be</p> <p>11 answered by our sex offender management unit.</p> <p>12 Q. Okay. All right. So what you're saying is if</p> <p>13 somebody comes in that's charged with a felony, but</p> <p>14 it's mild enough or it's a first offense, whatever,</p> <p>15 and they're not going to go to prison, at some</p> <p>16 point in the evaluative process that results in the</p> <p>17 production of the PSI and then sentencing.</p> <p>18 Somebody will look at that and say,</p> <p>19 this is someone that while on probation we want to</p> <p>20 have programming of some kind, and when that</p> <p>21 occurs, if it's sexual offense programming, those</p> <p>22 people are going to get a Static-99 assessment; is</p> <p>23 that right?</p> <p>24 A. As part of the intake process for sex offender</p> <p>25 treatment in the community, those individuals</p> <p style="text-align: center;">Page 14</p>
<p>1 meeting scoring criteria do receive a Static-99R as</p> <p>2 part of that intake assessment.</p> <p>3 Q. And as for the people inside, do they's get</p> <p>4 something that's the equivalent of a risk</p> <p>5 assessment?</p> <p>6 A. We completed what we call evaluation for treatment</p> <p>7 and supervision, which is similar in nature to a</p> <p>8 sex offender risk assessment completed for</p> <p>9 individuals who are incarcerated. It does include</p> <p>10 additional factors that may be relative toward</p> <p>11 protective factors and risk-relevant information</p> <p>12 that would be present for somebody on supervision.</p> <p>13 Q. And that's because they're in the community as</p> <p>14 opposed to being --</p> <p>15 A. Correct. Correct.</p> <p>16 Q. Okay. But what you're telling us is anybody who is</p> <p>17 going to get treatment while on probation,</p> <p>18 treatment of a sexual nature, they too are going to</p> <p>19 get fully screened -- not screened -- fully</p> <p>20 assessed both with a risk -- an evidence-based</p> <p>21 research tool, and with a clinical add-on</p> <p>22 assessment?</p> <p>23 A. For those that meet the scoring criteria for the</p> <p>24 assessment --</p> <p>25 Q. You're well taught. You're as careful as James was</p> <p style="text-align: center;">Page 15</p>	<p>1 to make sure that we're adhering to the</p> <p>2 requirements of the -- Okay.</p> <p>3 And what about people coming out on the</p> <p>4 back end of prison terms; we know that they get a</p> <p>5 new Static-99 both because they may have aged into</p> <p>6 a new category, and as a way of guaranteeing that</p> <p>7 the original one which would be years or decades</p> <p>8 old has been properly scored.</p> <p>9 And so when they get out on parole,</p> <p>10 are -- who decides whether or not they need</p> <p>11 programming while they're on parole?</p> <p>12 A. Typically that is reserved for individuals who are</p> <p>13 given special condition 1.5 as a part of their</p> <p>14 parole conditions.</p> <p>15 Q. And what does 1.5 say?</p> <p>16 A. Requirement for sex offender treatment as approved</p> <p>17 by -- I don't know the exact wording for it, but as</p> <p>18 a recommendation for sex offender treatment.</p> <p>19 Q. Yeah, I wouldn't hold you to the exact wording.</p> <p>20 And I take it that would probably come out of</p> <p>21 psychologists who did the -- any updated</p> <p>22 psychologists or psychiatrists who did any updated</p> <p>23 parole review -- re-evaluation for parole review;</p> <p>24 is that right?</p> <p>25 A. I think that would be a question that would need to</p> <p style="text-align: center;">Page 16</p>

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<p>1 be addressed through the -- the parole board. It's</p> <p>2 not something I would be able to specifically speak</p> <p>3 to, why those special conditions are placed on</p> <p>4 somebody and why they're not on other individuals.</p> <p>5 Q. Yeah, okay. All right. But it's not as if the</p> <p>6 parole board is making it up on their own; they're</p> <p>7 going to have to review the whole file and</p> <p>8 someone's going to assist, and they're going to say</p> <p>9 here's what this person needs, someone who has been</p> <p>10 treating or someone who has been assessed; is that</p> <p>11 right?</p> <p>12 A. Again, I'm not knowledgeable on this specific</p> <p>13 criteria and/or why the parole board would make a</p> <p>14 determination to place someone in sex offender</p> <p>15 treatment versus not as a part of their community</p> <p>16 supervision.</p> <p>17 Q. Again, sex offenders -- again, we don't want to use</p> <p>18 that term -- people who have committed sex</p> <p>19 offenses, registrants, who arrive in the community,</p> <p>20 do you have a sense of the approximate percentage</p> <p>21 of the number of people on parole with a sex</p> <p>22 offense who are doing treatment, or for whom</p> <p>23 treatment has been mandated?</p> <p>24 A. I don't have any aggregate numbers as far as how</p> <p>25 many people are of the, you know, comparing the</p> <p style="text-align: center;">Page 17</p>	<p>1 total population of individuals currently on</p> <p>2 community supervision and those that are actively</p> <p>3 in treatment, so I don't have anything to speak to.</p> <p>4 Q. Let me ask then, say for the current year, for</p> <p>5 2022, how many were actively in treatment, because</p> <p>6 then we can go look at how many were on parole, and</p> <p>7 that way we would be able to get those numbers?</p> <p>8 A. So --</p> <p>9 MS. HEYSE: Are you asking for raw</p> <p>10 numbers, Paul?</p> <p>11 MR. REINGOLD: I'm going for the</p> <p>12 approximate percentage -- yes, I'm asking for the</p> <p>13 number of people that are being served annually.</p> <p>14 MS. HEYSE: Okay. So those</p> <p>15 are -- again, we're talking about the numbers, and</p> <p>16 that would be something that the folks in</p> <p>17 research -- so those are the numbers you're having</p> <p>18 pulled, then you need to speak with the other MDOC</p> <p>19 representative about data and research. They deal</p> <p>20 in the numbers game. So I don't think that Corey</p> <p>21 is going to be qualified to speak to actual</p> <p>22 numbers. So I'm going to, you know, I think he</p> <p>23 just --</p> <p>24 MR. REINGOLD: All right. So if we do</p> <p>25 a supplemental request to you, is that something</p> <p style="text-align: center;">Page 18</p>
<p>1 that we can get?</p> <p>2 MS. HEYSE: Well, you're -- I'm not so</p> <p>3 sure that you're not going to get that in the data</p> <p>4 you guys are requesting anyway, but if it's</p> <p>5 something you're not going to get, Paul, we can</p> <p>6 talk about that. I'm just telling you, these folks</p> <p>7 are not the people that would be able to provide</p> <p>8 that information to you.</p> <p>9 MR. REINGOLD: Okay.</p> <p>10 BY MR. REINGOLD:</p> <p>11 Q. Let's go back to people in either one, whether it's</p> <p>12 probationers who are out or parolees who are out,</p> <p>13 and for whom treatment has been mandated, can you</p> <p>14 give us just a quick overview of what that looks</p> <p>15 like and what the newly done Static-99 -- what work</p> <p>16 the newly done Static-99 is doing in that process?</p> <p>17 A. Can you clarify what you mean by "newly done</p> <p>18 Static-99?"</p> <p>19 Q. Well, the people who are coming out on probation</p> <p>20 are having -- just had a first Static-99 done</p> <p>21 presumably, and people coming out of parole just</p> <p>22 had a second Static-99 done.</p> <p>23 And what I'm asking is what function</p> <p>24 does it serve for the people who are leaving prison</p> <p>25 and going into the kind of treatment that your unit</p> <p style="text-align: center;">Page 19</p>	<p>1 is providing?</p> <p>2 A. So for both of those populations, the Static-99 for</p> <p>3 treatment purposes, which is what I can speak to,</p> <p>4 determines what treatment track. So the intensity</p> <p>5 and duration of treatment in the community is</p> <p>6 determined by that Static-99R and Stable-2007 over</p> <p>7 all priority risk.</p> <p>8 Q. All right. I neglected to ask about the Stable, so</p> <p>9 I should include that.</p> <p>10 Are both the probationers and parolees</p> <p>11 also getting a Stable -- what is it,</p> <p>12 Stable 70 -- what's the number with the Stable?</p> <p>13 I'll call it the Stable. Are they getting both of</p> <p>14 those?</p> <p>15 A. For those individuals who meet scoring criteria for</p> <p>16 the Static-99R and the Stable-2007, they are</p> <p>17 receiving those evaluations upon intake into</p> <p>18 community-based treatment.</p> <p>19 Q. Okay. That's -- That's very helpful. Okay. All</p> <p>20 right. I think the treatment itself is -- I just</p> <p>21 want to know a little bit about it.</p> <p>22 You said what people get is based</p> <p>23 on -- or can be based on their score on the</p> <p>24 Static-99. What does the treatment itself look</p> <p>25 like; is it this a kind of psychotherapy, is it a</p> <p style="text-align: center;">Page 20</p>

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<p>1 group therapy; you know, again, a quick overview of</p> <p>2 the kinds of programs that are being provided.</p> <p>3 A. Sure. So it is an extension of our prison-based</p> <p>4 sexual abuse prevention program, and it follows a</p> <p>5 similar line of treatment in that it is cognitive</p> <p>6 behavioral based. It is based on the risk need</p> <p>7 responsivity model for providing criminogenic</p> <p>8 interventions to reduce recidivism.</p> <p>9 We follow the good likes model, and we</p> <p>10 place individuals into treatment for -- as group</p> <p>11 therapy, also includes individualized therapy for</p> <p>12 those that fall into the treatment tracks that have</p> <p>13 individualized treatment.</p> <p>14 Then we place individuals according to</p> <p>15 that assessed risk, to effectively reduce</p> <p>16 criminogenic risk over the course of treatment</p> <p>17 according to the Counsel of State Government's</p> <p>18 recommendations.</p> <p>19 Q. All right. If somebody coming out on probation is</p> <p>20 in Static-99 category 1, 2, or 3, which would not</p> <p>21 get them treatment inside, but for whatever reason</p> <p>22 the parole board says, you know, we want the person</p> <p>23 to have treatment, I assume that person gets</p> <p>24 treatment despite the -- the relatively long score</p> <p>25 on the Static-99; is that right?</p> <p style="text-align: center;">Page 21</p>	<p>1 A. Are you referring to individuals in the community,</p> <p>2 or are you referring to --</p> <p>3 Q. Yes. Yes. Yeah.</p> <p>4 A. So we have treatment tracks established for</p> <p>5 individuals who score levels risk 1, 2, and 3, for</p> <p>6 community-based programming for both parolees and</p> <p>7 probationers.</p> <p>8 Q. Okay. So the scoring doesn't have as -- it's not a</p> <p>9 disqualifier, it simply leading to a different</p> <p>10 level of treatment?</p> <p>11 A. The treatment tracks are established per the</p> <p>12 services we provided based on that risk level.</p> <p>13 Q. Yeah. And is it true -- I assume -- that the lower</p> <p>14 the risk level, probably the shorter the duration</p> <p>15 of the treatment and the lower intensity of the</p> <p>16 treatment?</p> <p>17 A. In most cases, yes, but we also take into</p> <p>18 consideration responsivity factors to treatment.</p> <p>19 Q. All right. So you can override those if -- if</p> <p>20 somebody needs longer term treatments?</p> <p>21 A. There's a clinical -- There's a clinical review</p> <p>22 process to determine appropriate reduction of risk</p> <p>23 over the course of treatment.</p> <p>24 Q. Okay. And about how long do the treatments last?</p> <p>25 A. For our level 1 and 2 risk individuals, we provide</p> <p style="text-align: center;">Page 22</p>
<p>1 didactic treatment which is roughly 9 sessions of</p> <p>2 psychoeducational treatment primarily focused on</p> <p>3 community reintegration with some focus on risk.</p> <p>4 For level 3 we have 26 to 39 sessions</p> <p>5 which typically span 6 to 9 months of treatment.</p> <p>6 And for level 4A and 4B we provide one year or</p> <p>7 52 sessions of intervention in the community.</p> <p>8 Q. And I take it this is the kind of programming that</p> <p>9 if they're not cooperative, that can be a parole</p> <p>10 violation; is that right, a parole or probation</p> <p>11 violation?</p> <p>12 MS. HEYSE: If you know.</p> <p>13 A. Unsuccessful discharge from treatment can but does</p> <p>14 not always lead to a parole violation.</p> <p>15 Q. Okay. All right. So for example, there are some</p> <p>16 people who just can't do it, don't have the</p> <p>17 capacity, and then there are people who, say,</p> <p>18 refuse or are uncooperative or disruptive in a way</p> <p>19 that they can control; are those the kinds of</p> <p>20 measures that we're talking about?</p> <p>21 A. There are a myriad of differences between</p> <p>22 individuals that would lead to further discussion</p> <p>23 amongst a treatment team to determine what the best</p> <p>24 course of action would be to successfully reduce</p> <p>25 reduction and promote success while under the</p> <p style="text-align: center;">Page 23</p>	<p>1 community supervision.</p> <p>2 So I don't know if I can -- Each person</p> <p>3 is different. We don't typically look at cases in</p> <p>4 broad strokes, and we look at specifically what's</p> <p>5 going on with that individual to determine what is</p> <p>6 best for their long-term success.</p> <p>7 Q. Okay. All right. I want to pick up where we left</p> <p>8 off with James Kissinger about the use of the</p> <p>9 Static-99 once people arrive in the community.</p> <p>10 He was referencing the time free -- the</p> <p>11 post-release time free in the community factor.</p> <p>12 And I believe what he said was that the Static-99R</p> <p>13 developers have found time free in the</p> <p>14 community -- I'm not sure this is what was said</p> <p>15 exactly -- but what I understood was the time free</p> <p>16 in the community could be a sufficiently strong</p> <p>17 indicator that they could change a person's score</p> <p>18 in addition to, or along the same lines as the way</p> <p>19 age can change a person's score; is that right?</p> <p>20 MS. HEYSE: Just so we preserve the</p> <p>21 record, I'm going to object to form and foundation.</p> <p>22 But you can go ahead and answer, Corey.</p> <p>23 A. Sure. So the authors of the Static-99R and</p> <p>24 Stable-2007 have developed a chart, table -- I</p> <p>25 don't know how you want to identify that -- looking</p> <p style="text-align: center;">Page 24</p>

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<p>1 at years time free, both sexual and violence free</p> <p>2 in the community, to look at desistance when</p> <p>3 looking at what relative risk categorization</p> <p>4 someone has been placed in.</p> <p>5 So over time the varying risk levels</p> <p>6 based on time free in the community, we're finding</p> <p>7 that they recidivate at lower and lower rates the</p> <p>8 longer they've been free in the community. That's</p> <p>9 what that chart speaks to is what risk can we</p> <p>10 perceive them to be given the amount of time</p> <p>11 they've spent in the community without engaging in</p> <p>12 urgent sexual and/or violent behavior.</p> <p>13 Q. All right. And the point of desistance, how is</p> <p>14 that defined, if you know?</p> <p>15 A. Are you asking me to define the term desistance or</p> <p>16 how it's being used in this context?</p> <p>17 Q. I mean, how do the developers use it? Let me ask</p> <p>18 it a different way. Maybe you can tell me if I'm</p> <p>19 right or wrong.</p> <p>20 My understanding of desistance is that</p> <p>21 when someone reaches the point that other</p> <p>22 males -- reaches the point when their risk factor</p> <p>23 drops equal to or below other males whom we don't</p> <p>24 require to be monitored.</p> <p>25 A. I would say in this context when we're looking at,</p> <p style="text-align: center;">Page 25</p>	<p>1 as noted, bins -- right -- this is all based on</p> <p>2 relative risk. So the likelihood someone who looks</p> <p>3 like you and has the same or similar criminal</p> <p>4 background history of convictions, and types of</p> <p>5 offending or characteristics of offending, is</p> <p>6 likely to commit another sex offense over a</p> <p>7 predetermined period of time. With a Static-99</p> <p>8 typically those are typically five-year recidivism</p> <p>9 rates.</p> <p>10 So with the Static we place people in</p> <p>11 these -- for lack of a better term -- bins. So</p> <p>12 many individuals who are placed in said bin are</p> <p>13 likely to recidivate in a sexual fashion over a</p> <p>14 five-year period of time before using the five-year</p> <p>15 recidivism rates.</p> <p>16 So this desistance table, or this</p> <p>17 time-free calculation table, says you no longer</p> <p>18 look like and will recidivate at a rate as is</p> <p>19 assessed by your overall priority risk level. Now,</p> <p>20 your rate of recidivism has dropped to -- depending</p> <p>21 on how long they've been free in the community -- a</p> <p>22 different bin. Does that make sense?</p> <p>23 Q. Yeah, that -- that makes sense.</p> <p>24 So what you're saying is at different</p> <p>25 points post-release, they can be reassessed and</p> <p style="text-align: center;">Page 26</p>
<p>1 rescored on the Static-99, and at some point they</p> <p>2 will fall into the category where their risk level</p> <p>3 is the equivalent to other people in the</p> <p>4 community -- either males in the general population</p> <p>5 or released prisoners who never had a sex</p> <p>6 offense -- their risk level will be comparable to</p> <p>7 those people and, therefore, they will be deemed to</p> <p>8 have attained desistance because the risk is</p> <p>9 indistinguishable from other people in the</p> <p>10 community who aren't supervised in any way,</p> <p>11 something like that?</p> <p>12 MS. HEYSE: Objection, form and</p> <p>13 foundation, but you can answer.</p> <p>14 A. So no, I wouldn't say that for all</p> <p>15 individuals -- so first, we never rescore the</p> <p>16 Static. The Static risk is what it is until</p> <p>17 further -- until -- So age is the one item on the</p> <p>18 Static that can change. At point of release, that</p> <p>19 is the age we look at; age at release to risk on</p> <p>20 the Static-99.</p> <p>21 At this point in time, whatever age</p> <p>22 they are, so they -- you noted before they might be</p> <p>23 scored, it's been 30 years in prison, we're scoring</p> <p>24 that, ensuring that that risk is accurate at the</p> <p>25 time of release.</p> <p style="text-align: center;">Page 27</p>	<p>1 The Static, unless they engage in</p> <p>2 further sexual misbehavior, sexual criminal</p> <p>3 behavior, we are not rescoring that Static at any</p> <p>4 point in time to determine that -- we wouldn't say</p> <p>5 we're rescoring the Static because they've been out</p> <p>6 ten years. Your Static risk is what it is.</p> <p>7 We know based on research that an</p> <p>8 individual who, let's say, scores a level 3 at time</p> <p>9 of release, will recidivate at level 2 levels over</p> <p>10 a 5-year period of time at said time post-release.</p> <p>11 And after longer in the community, that person will</p> <p>12 recidivate, commiserate with individuals who</p> <p>13 recidivate at a level 1 for a predetermined period</p> <p>14 of time.</p> <p>15 So that desistance table marks people</p> <p>16 across time, and even though they were a level 4A,</p> <p>17 now their recidivism rate over this period of time</p> <p>18 looks a lot more like a level 3, and after a longer</p> <p>19 period of time that they've, again, the recidivism</p> <p>20 rating looks like a level-2 individual.</p> <p>21 Q. All right. Yes, that makes sense to me. I'm not</p> <p>22 sure if I agree or not, but we'll press it and see.</p> <p>23 You also said that the norming -- or</p> <p>24 the research on which this is based is based on</p> <p>25 there being a Static-99 at this point of release,</p> <p style="text-align: center;">Page 28</p>

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<p>1 and so that's -- I take it that's another reason or</p> <p>2 another really important reason why the Static-99</p> <p>3 is given to everybody, or almost everybody, at the</p> <p>4 point of release, because it allows you to use</p> <p>5 these tables and understand their risk, or their</p> <p>6 category risk, going forward; is that right?</p> <p>7 A. Sexual Abuse Prevention Services uses that</p> <p>8 primarily for placement into treatment, and to</p> <p>9 determine how much intervention they need to</p> <p>10 effectively reduce risks for community-based</p> <p>11 programming for those individuals on parole and</p> <p>12 probation, how much treatment they need based on if</p> <p>13 they've never had treatment before,</p> <p>14 prior -- post-committing this offense, how much</p> <p>15 treatment do they need to reduce risk for those</p> <p>16 individuals who have had treatment previously, we</p> <p>17 take that into consideration, and that's why we're</p> <p>18 using risk assessment, is to place people in</p> <p>19 treatment.</p> <p>20 Q. But it has the salutary collateral effect of being</p> <p>21 able to then score people using the desistance</p> <p>22 tables, right, because everybody has got a point of</p> <p>23 release Static-99?</p> <p>24 A. The desistance table would be able to be used</p> <p>25 depends on how much time someone has been free in</p> <p style="text-align: center;">Page 29</p>	<p>1 the community.</p> <p>2 Q. Yeah, okay. Isn't it true that some people in</p> <p>3 level 1 will be low enough that they will be viewed</p> <p>4 as having reached desistance the day they walk out</p> <p>5 the door from prison?</p> <p>6 A. Are you -- How are you defining "desistance" in</p> <p>7 this instance?</p> <p>8 Q. As I just described it. The point where, according</p> <p>9 to Hanson, their category risk level or their</p> <p>10 score -- I think it's actually tied to the</p> <p>11 score -- their score puts them at a risk level</p> <p>12 that's equal to or lower than other</p> <p>13 people, everybody else in the community who are not</p> <p>14 subject to any kind of supervision.</p> <p>15 A. So I -- I -- I want to clarify to make sure I'm</p> <p>16 understanding what you're asking. You're saying</p> <p>17 are there individuals who are scored on the</p> <p>18 Static-99R whose risk of recidivism would be that</p> <p>19 of the general population?</p> <p>20 Q. Yes, upon the day they leave.</p> <p>21 A. Level -- Without need for treatment or intervention</p> <p>22 is -- I just want to clarify -- that their rate of</p> <p>23 their recidivism is that of the general population.</p> <p>24 Is that how you're defining desistance?</p> <p>25 Q. I said the general population or prisoners who have</p> <p style="text-align: center;">Page 30</p>
<p>1 been released and did not have a sex offense and</p> <p>2 also did not have any supervision?</p> <p>3 A. So those two populations engage in sexual offending</p> <p>4 at different rates.</p> <p>5 Q. Yes, that's right. But not by much. Yeah.</p> <p>6 A. So --</p> <p>7 Q. I believe the tables are based on the rate -- the</p> <p>8 slightly higher rate of people who committed a</p> <p>9 non-sex offense and have been released, because</p> <p>10 Hanson is as careful as you are being to make sure</p> <p>11 that his research matches, and he's looking at</p> <p>12 recidivism rates, and technically only someone who</p> <p>13 has been in prison can have a recidivism rate.</p> <p>14 A. Correct.</p> <p>15 Q. But he's also said that the same thing applies to</p> <p>16 the general population, although that percentage</p> <p>17 number is slightly lower.</p> <p>18 A. There are individuals who score out on the</p> <p>19 Static-99 who are no more likely to commit a sex</p> <p>20 offense than the general criminal population as a</p> <p>21 whole without a history of sexual offending. I</p> <p>22 guess that's the best way I can answer that</p> <p>23 question.</p> <p>24 Q. No, I understand.</p> <p>25 And isn't it also true that 10 to</p> <p style="text-align: center;">Page 31</p>	<p>1 13 years out, the majority of registrants will have</p> <p>2 also attained a desistance level of risk?</p> <p>3 A. I would have to refer to that desistance table to</p> <p>4 be able to speak to, and particularly what you mean</p> <p>5 by "majority."</p> <p>6 Q. Well, I mean more than 50 percent.</p> <p>7 A. I would have to refer to the research, the</p> <p>8 desistance table, and the Static-99, our coding</p> <p>9 manual, to be able to speak to that.</p> <p>10 Q. All right. And the final question on rates like</p> <p>11 this is, isn't it true that in recent years they've</p> <p>12 discovered that even the highest risk people whom</p> <p>13 the experts I think were surprised to learn that</p> <p>14 even they researched desistance after 20 years and</p> <p>15 are not actually high risk forever; is that correct</p> <p>16 do you know?</p> <p>17 MS. HEYSE: Paul, I'm going to object.</p> <p>18 I think I let this go quite a bit, but we're</p> <p>19 getting into official positions about, you know,</p> <p>20 research that you guys clearly all know about, but</p> <p>21 I don't think was kind of noted on the topics.</p> <p>22 I mean, I get that it's you know,</p> <p>23 topically related but, again, it's a difference if</p> <p>24 you're asking Corey in personal capacity, or</p> <p>25 whether you're asking from an official position</p> <p style="text-align: center;">Page 32</p>

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<p>1 from MDOC. And I don't think the MDOC has taken a</p> <p>2 position on the research of the recidivism rate</p> <p>3 today.</p> <p>4 MR. REINGOLD: I'm only asking in his</p> <p>5 capacity if someone well-trained and knowledgeable</p> <p>6 about the Static-99, which includes the timeframe</p> <p>7 and community.</p> <p>8 MS. HEYSE: Yeah, but that's not how</p> <p>9 30(b)(6) depositions work. When you're asking for</p> <p>10 this individual to come and represent the MDOC,</p> <p>11 again, it's on the topics, and in your topics it</p> <p>12 doesn't say we're going to talk about the validity</p> <p>13 of the research, the current research that's out</p> <p>14 there.</p> <p>15 And, you know, prior to that topic we</p> <p>16 could have had a discussion as to whether or not</p> <p>17 the official MDOC position was clear, and then we</p> <p>18 can communicate that. Right. The difference</p> <p>19 between -- and again, we're blurred the lines quite</p> <p>20 a bit today.</p> <p>21 There's a difference between</p> <p>22 Corey Spickler's position or the MDOC's position</p> <p>23 officially, and we're not prepared to respond to</p> <p>24 the validity of the research or MDOC's position</p> <p>25 with regard to the validity of that research today.</p> <p style="text-align: center;">Page 33</p>	<p>1 We were talking about risk assessments,</p> <p>2 how they were conducted, what, you know, results</p> <p>3 were of those, those types of questions. So I'm</p> <p>4 going to ask that we not delve into this, and if</p> <p>5 you, you know, want to proceed with this line of</p> <p>6 questioning, then I think we have to determine who</p> <p>7 is going to be designated to address those</p> <p>8 questions.</p> <p>9 That's the whole point of 30(b)(6)</p> <p>10 topic, is so that the MDOC can say this is the</p> <p>11 person we want to speak to that. Right?</p> <p>12 MR. REINGOLD: On this one I disagree,</p> <p>13 because I feel like you said earlier that we should</p> <p>14 focus on the Static-99, and that you brought before</p> <p>15 me the two people who knew the most about</p> <p>16 Static-99. Now I'm asking a question about the</p> <p>17 Static-99 and not about MDOC policy. Let me</p> <p>18 reframe the question and see if it will satisfy</p> <p>19 you.</p> <p>20 MS. HEYSE: No. If you can point me to</p> <p>21 one of these topics here that actually talks about</p> <p>22 speaking to current research or MDOC's position</p> <p>23 with regard to research or rates of recidivism or</p> <p>24 this, you know, desistance table, you know, then</p> <p>25 I'm happy to continue the discussion.</p> <p style="text-align: center;">Page 34</p>
<p>1 MR. REINGOLD: I don't see how this</p> <p>2 could be more central to having before me an expert</p> <p>3 on the Static-99. Let me try reframing it and see</p> <p>4 if it works.</p> <p>5 MS. HEYSE: Okay.</p> <p>6 MR. REINGOLD: This will be the last</p> <p>7 question about it.</p> <p>8 BY MR. REINGOLD:</p> <p>9 Q. All I'm asking about it is, is it your</p> <p>10 understanding from your training with the Static-99</p> <p>11 that using the desistance tables after 20 years,</p> <p>12 everyone reaches desistance?</p> <p>13 A. "Everyone" is a very umbrella term to describe</p> <p>14 that.</p> <p>15 Q. Let me put it a different way.</p> <p>16 Isn't it true that Hanson, et al., view</p> <p>17 everyone who has attained 20 years as having</p> <p>18 desistance risk; they stopped following him because</p> <p>19 there were no crimes left look at?</p> <p>20 A. I would need -- There's a -- There's a new study</p> <p>21 published in 2023 looking at 20-year rates. I'm at</p> <p>22 this time not prepared to speak to the entirety of</p> <p>23 that 20-year outlook outcome study to speak to</p> <p>24 whether all individuals had reached desistance.</p> <p>25 Q. All right. One final question on this topic. If</p> <p style="text-align: center;">Page 35</p>	<p>1 it isn't all, is it damn close?</p> <p>2 MS. HEYSE: I'm going to object. I</p> <p>3 think you're asking the same question in a</p> <p>4 different format, Paul, so I think asked and</p> <p>5 answered. And again, I think he's made it clear</p> <p>6 that he's not in a position to make that</p> <p>7 determination in order to respond to that question.</p> <p>8 Q. Can you respond to the question?</p> <p>9 A. I would respond the same as the previous question.</p> <p>10 There is a new meta-analytic study that was</p> <p>11 published this year looking at a study for</p> <p>12 20 years, and I would need to spend some time in</p> <p>13 that report to speak to it in a professional</p> <p>14 manner.</p> <p>15 Q. Okay. So for the people who come out of prison and</p> <p>16 go on parole and are required to have any kind of</p> <p>17 programming -- Well, first of all, everybody</p> <p>18 getting out not only has been evaluated at the</p> <p>19 front end, and then in the available program during</p> <p>20 their time in prison, but they get another</p> <p>21 Static-99, and if they qualify for it, a Stable on</p> <p>22 their way out.</p> <p>23 And some of those people then get</p> <p>24 treatment, which to me means that by the time they</p> <p>25 come off parole, the amount of assessment and</p> <p style="text-align: center;">Page 36</p>

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<p>1 treatment they've got is even more robust than it</p> <p>2 was when they left prison; is that fair to say?</p> <p>3 MS. HEYSE: Object to form and</p> <p>4 foundation, but you can answer.</p> <p>5 A. So I want to clarify that you're asking following</p> <p>6 release to the community for those individuals who</p> <p>7 had assessment and treatment in the -- in the</p> <p>8 prison system?</p> <p>9 Q. Yeah.</p> <p>10 A. Would we say they've had more treatment -- more</p> <p>11 robust treatment? I'm just wondering if you can</p> <p>12 kind of clarify that question a little bit, what</p> <p>13 you're specifically asking there.</p> <p>14 Q. Yeah. The point I'm trying to make sure</p> <p>15 I -- I -- I understand is that this is -- this is</p> <p>16 an add on.</p> <p>17 So whatever everybody got in prison,</p> <p>18 these are folks who are getting more. If you're</p> <p>19 just leaving you're going to get a Static-99, but</p> <p>20 it sounds like if you're leaving and you're going</p> <p>21 to get treatment, you're going to get a Static-99</p> <p>22 and a Stable, and you're then going to have the</p> <p>23 treatment.</p> <p>24 And so there's significant both</p> <p>25 reassessment and additional treatment for this</p> <p style="text-align: center;">Page 37</p>	<p>1 group of people; is that a fair characterization?</p> <p>2 A. The entire process under Sexual Abuse Prevention</p> <p>3 Services is to follow evidence-based practices</p> <p>4 regarding assessment, treatment, and over the</p> <p>5 course of receiving treatment, reassess changes in</p> <p>6 dynamic risk and dynamic need, so that by the end</p> <p>7 of the program -- whether that be receiving</p> <p>8 treatment in prison, treatment in the community, or</p> <p>9 those individuals who do need criteria for</p> <p>10 treatment while they're incarcerated and then get</p> <p>11 treatment in the community on parole -- to have</p> <p>12 addressed the dynamic risk and dynamic needs</p> <p>13 present identified in the Stable-2007 to have</p> <p>14 provided an adequate time, as far as number of</p> <p>15 hours and group and individual treatment, to meet</p> <p>16 the Counsel of State Government's recommendations</p> <p>17 for how much treatment someone should receive based</p> <p>18 on their overall priority risk categorization.</p> <p>19 Q. And are you aware of any studies that the</p> <p>20 Department of Corrections has done that would</p> <p>21 validate the effectiveness of the</p> <p>22 post-incarceration or probation treatment that's</p> <p>23 being provided?</p> <p>24 A. I am not aware of any studies the research</p> <p>25 department has completed looking at recidivism</p> <p style="text-align: center;">Page 38</p>
<p>1 rates based on programming.</p> <p>2 MR. REINGOLD: All right. I want to</p> <p>3 take a two-minute break just to see if my</p> <p>4 co-counsel has any extra questions she wants me to</p> <p>5 ask, and if not we'll wrap it this up. Okay?</p> <p>6 (Off the record at 2:02 p.m.)</p> <p>7 (On the record at 2:04 p.m.)</p> <p>8 MR. REINGOLD: I do have just a couple</p> <p>9 of questions if everybody is back.</p> <p>10 BY MR. REINGOLD:</p> <p>11 Q. You corrected me a bunch of times about who isn't</p> <p>12 qualified for the Static-99, and I would like to</p> <p>13 get a clearer picture of what groups are included</p> <p>14 in that. I know that women can't use the</p> <p>15 Static-99, and I know that there's an age of</p> <p>16 offense that -- or age at the time of offense.</p> <p>17 Can you outline the groups or the</p> <p>18 cutoffs so we know who is not getting the Static,</p> <p>19 please?</p> <p>20 A. So specifically those individuals that are not able</p> <p>21 to be coded on the Static-99 per manual guidelines;</p> <p>22 that's what you're referring to?</p> <p>23 Q. Yeah, and I want to know what are those manual</p> <p>24 guidelines, who --</p> <p>25 A. Sure. So this is quite an extensive description.</p> <p style="text-align: center;">Page 39</p>	<p>1 I'll refer at times to -- to the manual to do this.</p> <p>2 Q. That's fine.</p> <p>3 A. Individuals who are juveniles and committed their</p> <p>4 offense prior to the age of 17 are not able to be</p> <p>5 coded. There's a small subset of individuals who</p> <p>6 are age 17 at the time they committed their</p> <p>7 offense, but were sentenced and released to risk or</p> <p>8 released to the community, whether that be parole</p> <p>9 or probation at the age of 18 or later that are</p> <p>10 able to be coded, but there has to be some very</p> <p>11 specific features -- which I can walk through as</p> <p>12 many of those as possible, but there might be a few</p> <p>13 that I miss -- but really they're offending has to,</p> <p>14 in a nutshell, look like an adult-like offense. It</p> <p>15 has to have characteristics of an adult-like</p> <p>16 offense. Not something we see very often, but</p> <p>17 there is a caveat there.</p> <p>18 Most individuals who are coded on the</p> <p>19 Static-99 have committed their offense at the age</p> <p>20 of 18 or later. There's a distinction between</p> <p>21 category A and category B offenses on the</p> <p>22 Static-99R.</p> <p>23 Typically, it's not a great word to</p> <p>24 use, but we use -- we'll use the term "identifiable</p> <p>25 victim." That is very clearly defined in the</p> <p style="text-align: center;">Page 40</p>

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<p>1 manual what is considered an identifiable victim</p> <p>2 for the purposes of the Static-99R.</p> <p>3 But we have a difference between</p> <p>4 category A and category B offenses. Category B</p> <p>5 offenses I can give you an example of a couple of</p> <p>6 them, but I'm probably not going to off the top of</p> <p>7 my head be able[to give an exhaustive list.</p> <p>8 Urinating in public, possession of</p> <p>9 child sexually abusive materials, public sex with a</p> <p>10 consenting partner, and there are others. Some</p> <p>11 soliciting-type offenses can fall into both</p> <p>12 categories.</p> <p>13 So cases where there is an identifiable</p> <p>14 victim that meet the criteria for category A</p> <p>15 offenses are codable, so there are subsets. We</p> <p>16 can't score it on female offenders, can't score it</p> <p>17 on juveniles.</p> <p>18 It was normed on a variety of</p> <p>19 populations and has continued to be renormed. So</p> <p>20 we got into some of those discussions on gender</p> <p>21 identity, and there is specific information that we</p> <p>22 know that speaks to at what point in time would</p> <p>23 someone no longer be considered male, because we</p> <p>24 can only score this on males.</p> <p>25 But there's a long list of criteria,</p> <p style="text-align: center;">Page 41</p>	<p>1 fairly exhaustive, and they've continued to update</p> <p>2 this as they update the manual, but those would be</p> <p>3 some of the examples. I don't know if you want me</p> <p>4 to further elaborate.</p> <p>5 Q. No, that that's fine. It sounds like there's some</p> <p>6 very clear lines, and then for a small number of</p> <p>7 people cases on the margin so that it might be a</p> <p>8 closer call, and you're not sure or they're not</p> <p>9 sure, and they're realizing as they go. Okay.</p> <p>10 I think -- I think I'm going to wrap it</p> <p>11 there. I think -- Let me just take one more look.</p> <p>12 Do you have any connection with parole</p> <p>13 reporting?</p> <p>14 A. What do you mean by that, with parole reporting?</p> <p>15 Q. Do you have any knowledge of parole reporting</p> <p>16 relating to registrants?</p> <p>17 A. You mean like the -- their supervision requirements</p> <p>18 and reporting to a parole officer?</p> <p>19 Q. I was thinking the methods for parole reporting?</p> <p>20 A. My interaction with parole primarily relates to</p> <p>21 treatment and risk.</p> <p>22 MR. REINGOLD: Yeah, okay. All right.</p> <p>23 I think -- think we're done.</p> <p>24 MS. HEYSE: I don't know if</p> <p>25 defense -- I don't have anything. I don't know if</p> <p style="text-align: center;">Page 42</p>
<p>1 Defense Counsel has anything.</p> <p>2 MR. DAMICH: Actually, I do have a</p> <p>3 couple followups, and it will be very quick.</p> <p>4 EXAMINATION</p> <p>5 BY MR. DAMICH:</p> <p>6 Q. I'm Scott Damich. You were here for the previous</p> <p>7 deposition, and much like Mr. Clark, I'm an</p> <p>8 assistant attorney general with the State of</p> <p>9 Michigan, and I represent the Defendants in this</p> <p>10 matter.</p> <p>11 I want to go back to the topic of the</p> <p>12 use of Static-99 for those offenders who re-entered</p> <p>13 the community. And just to be clear, that's</p> <p>14 required by court order for sex offender treatment;</p> <p>15 is that correct?</p> <p>16 A. Are you indicating that per court order they have</p> <p>17 to have a Static-99R completed?</p> <p>18 Q. Yes.</p> <p>19 A. I am not sure about that. I do know within our</p> <p>20 contracts in the community we require -- so it is</p> <p>21 required that if a parolee or probation agent is</p> <p>22 going to send someone to sex offender treatment,</p> <p>23 they come to a contracted vendor in the state. We</p> <p>24 require under our contracts that if they are</p> <p>25 scorable on a Static or Stable, that is completed.</p> <p style="text-align: center;">Page 43</p>	<p>1 Q. Okay. Does it have anything to do with whether or</p> <p>2 not they have to register on the Michigan Sex</p> <p>3 Offender Registration Act?</p> <p>4 A. We don't take that into consideration at all. We</p> <p>5 have individuals that don't have to register that</p> <p>6 we complete those evaluations on because we follow</p> <p>7 the guidelines based on behavior. We don't take</p> <p>8 registration into consideration at all.</p> <p>9 Q. Okay. I'm happy to bring that up because it leads</p> <p>10 me to my second question, or series of questions.</p> <p>11 Whether an individual can be scored on</p> <p>12 a Static-99, is it true that it requires the</p> <p>13 conviction contained an element of a sexual crime</p> <p>14 or --</p> <p>15 A. It requires a -- For the Static-99 it requires</p> <p>16 being charged --</p> <p>17 Q. Yes?</p> <p>18 A. -- with a crime where there were scorable elements</p> <p>19 within that. So they might have pled out, or might</p> <p>20 have had something else, or even they might have</p> <p>21 been initially charged with assault. But if we</p> <p>22 really read what's going on in that case, that a</p> <p>23 sex offense occurred, if they were charged and that</p> <p>24 information was included in a police report or a</p> <p>25 PSI, we can score the Static.</p> <p style="text-align: center;">Page 44</p>

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<div>1 MR. DAMICH: Perfect. That's all the</div> <div>2 questions I had. Thank you.</div> <div>3 MR. REINGOLD: Thanks for clarifying,</div> <div>4 and I think we are all dismissed.</div> <div>5</div> <div>6</div> <div>7 (The Examination was concluded at</div> <div>8 2:12 p.m.)</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div> <div>15</div> <div>16</div> <div>17</div> <div>18</div> <div>19</div> <div>20</div> <div>21</div> <div>22</div> <div>23</div> <div>24</div> <div>25</div> <div>Page 45</div>	<div>1 CERTIFICATE</div> <div>2 STATE OF MICHIGAN)</div> <div>3)</div> <div>4 COUNTY OF MACOMB)</div> <div>5</div> <div>6 I, Gina Deskiewicz, a Notary Public</div> <div>7 in and for the above county and state, do hereby certify</div> <div>8 that this deposition was taken before me at the time and</div> <div>9 place hereinbefore set forth; that the witness was by me</div> <div>10 first duly sworn to testify to the truth; that this is a</div> <div>11 true, full and correct transcript of my stenographic</div> <div>12 notes so taken; and that I am not related, nor of</div> <div>13 counsel to either party, nor interested in the event of</div> <div>14 this cause.</div> <div>15</div> <div>16</div> <div>17</div> <div>18</div> <div>19</div> <div>20</div> <div>21</div> <div>22</div> <div>23</div> <div>24</div> <div>25</div> <div>Page 46</div>
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